

BUDGET UNIT: CALIFORNIA CHILDREN'S SERVICES (AAA CCS)

I. GENERAL PROGRAM STATEMENT

California Children's Services (CCS) is a state program that provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions and whose families are unable to pay for all or part of their care. State law requires the county to maintain a mandated minimum county funding level. In addition to state realignment dollars and the county's mandated contribution, funding also comes from Medi-Cal, private insurance, and patient co-payments. Revenues are based upon individual client eligibility for specific programs such as Medi-Cal, Healthy Families, or CCS alone (people who do not qualify for other programs or cannot afford to pay their Medi-Cal co-share payments.)

The revenue breakdown among federal, state, realignment, and county general fund support depends on the type of services provided under this program. This program provides two type of services:

- 1) Administrative component – Case management activities which include determining program eligibility, evaluating needs for specific services, determining the appropriate providers, and authorizing/paying for medically necessary care.
 - a) Administrative funding is based on staffing standards and caseload mix of CCS clients. In other words, it depends on which Federal, State, or County program in which the children are enrolled. Currently, our caseload is comprised of the following:
 - i) Medi-Cal accounts for approximately 84.56%. This federal and state program reimburses the county for 100% of the costs associated with these services.
 - ii) Healthy Families accounts for approximately 10%. This federal and state program reimburses the county for 82.5% of the costs. The remaining 17.5% is equally funded by Social Services Realignment (8.75%) and general fund support (8.75%).
 - iii) CCS or Non-Medi-Cal caseload accounts for approximately 5.44%. Federal and state funds account for 50% of the costs associated with treating this clientele. The other 50% is equally funded by Social Services Realignment (25%) and general fund support (25%).
 - b) Two of the workload indicators presented in this budget reflect the administrative component: Cases managed and claims processed.
- 2) Medical Therapy component – Provides physical therapy, occupational therapy, and Medical Therapy Conference services. Licensed physical therapists and certified occupational therapists provide evaluation, treatment, consultation services and case management.
 - a) The State reimburses the county for 50% of the costs incurred by this program. The remaining 50% is equally funded by realignment and general fund support. In addition, the program is able to bill Medi-Cal for therapy staff hours at the medical reimbursement rate. This means that the physical therapist and occupational therapist time provided to Medi-Cal clients can be almost fully reimbursed by Medi-Cal. Currently, county employees are paid at \$32.86 per hour plus benefits and the county is reimbursed at a minimum rate of \$34.08 per hour.
 - b) It is estimated that approximately 70% of the therapy units (24,500 or 12,250 hours) will be provided during 2003-04 to Medi-Cal clients.

The budgeted local cost amount reflects the County's mandated share of costs for serving anticipated caseloads. Should actual caseloads fall short of projections, unused local funds would return to the County's year-end fund balance. Similarly, Realignment funds will be transferred to correspond with actual caseloads at the end of the year.

PUBLIC HEALTH

II. BUDGET & WORKLOAD HISTORY

	Actual 2001-02	Budget 2002-03	Actual 2002-03	Budget 2003-04
Total Appropriation	5,915,099	10,716,023	8,076,824	10,723,433
Total Revenue	4,630,286	9,177,982	6,638,257	9,185,392
Local Cost	1,284,813	1,538,041	1,438,567	1,538,041
Budgeted Staffing		154.3		145.0
<u>Workload Indicators</u>				
Cases Managed	-	10,900	10,091	11,000
Claims Processed	-	120,000	131,188	133,900
Therapy Units (old methodology)	-	124,000	-	-
Therapy Units (new methodology)	-	35,000	29,898	36,050

Actual expenses and revenues are significantly lower than budgeted because CCS does not have enough space to hire all of the staff. Negotiations on new space are currently underway but a move is not expected until after the end of the fiscal year. The program continues to experience difficulty filling nursing and physical therapy vacancies.

The Therapy Unit workload indicator has undergone a significant methodology change. As the 2002-03 county budget was being developed, the State was changing its CCS automated system. As a result, the Department could not extrapolate complete data for 2001-02. For the 2003-04 budget, the Department has revised this workload indicator to reflect therapy provided in 30-minute increments. To provide continuity in annual workload indicators, 2002-03 measurements of Therapy Units delivered were recalculated so they could be presented in the same manner as projected 2003-04 workloads.

III. HIGHLIGHTS OF BOARD APPROVED CHANGES TO BUDGET (see attachments for detailed changes)

STAFFING CHANGES

Budgeted staffing is decreasing by 9.3 positions overall due to some minor changes in staffing mix which decreased staffing by 0.2 positions as described below and to reflect long term vacancies occurred upon departure of 9.1 existing staff. Vacancies are expected to increase because greater restrictions upon County hiring processes result in longer periods of vacancy after an employee leaves a position. The other staffing mix changes include the addition of 3.0 Financial Interviewers, 1.0 Physical Therapist, 1.0 Medical Transcriber, and 0.5 of a Fiscal Clerk II. Reductions include 2.0 Therapy Assistants and 2.0 Registered Nurses II. The Registered Nurses classification no longer meets the state's service delivery requirements. Additionally, 1.7 of the reduction is a result of an accounting change. Those positions are in the Public Health budget and are now reflected in this budget as transfers.

PROGRAM CHANGES

Costs for services and supplies are lower due to reduced computers and equipment purchases needed for 2003-04. Budgeted costs have also decreased for EHAP and rent expense due to an accounting change. Transfers represent staff time purchased from Public Health, as mentioned in the Staffing Changes section above and an accounting change for EHAP and rent expense related to GASB 34. State revenue is expected to remain constant into 2003-04.

PUBLIC HEALTH

GROUP: Human Services System
DEPARTMENT: Public Health - California Children's Services
FUND: General AAA CCS

FUNCTION: Health & Sanitation
ACTIVITY: Hospital Care

	2002-03 Actuals	2002-03 Approved Budget	2003-04 Board Approved Base Budget	2003-04 Board Approved Changes to Base Budget	2003-04 Final Budget
Appropriation					
Salaries and Benefits	6,507,610	9,064,394	9,697,655	(630,202)	9,067,453
Services and Supplies	1,413,741	1,417,719	1,431,215	(320,915)	1,110,300
Equipment	-	18,000	18,000	-	18,000
Transfers	155,473	215,910	222,352	305,328	527,680
Total Appropriation	8,076,824	10,716,023	11,369,222	(645,789)	10,723,433
Revenue					
Current Services	27,414	12,800	12,800	6,600	19,400
State, Fed or Gov't Aid	5,172,702	7,626,891	8,279,840	(652,149)	7,627,691
Other Revenue	100	250	500	(240)	260
Realignment	1,438,041	1,538,041	1,538,041	-	1,538,041
Total Revenue	6,638,257	9,177,982	9,831,181	(645,789)	9,185,392
Local Cost	1,438,567	1,538,041	1,538,041	-	1,538,041
Budgeted Staffing		154.3	154.3	(9.3)	145.0

Total Changes Included in Board Approved Base Budget

Salaries and Benefits	186,641	MOU.
	349,954	Retirement.
	96,666	Risk Management Workers' Comp.
	633,261	
Services and Supplies	13,496	Risk Management Liabilities.
Transfers	6,442	Incremental Change in EHAP.
Revenue		
State, Fed or Gov't Aid	653,199	
Total Appropriation Change	653,199	
Total Revenue Change	653,199	
Total Local Cost Change	-	
Total 2002-03 Appropriation	10,716,023	
Total 2002-03 Revenue	9,177,982	
Total 2002-03 Local Cost	1,538,041	
Total Base Budget Appropriation	11,369,222	
Total Base Budget Revenue	9,831,181	
Total Base Budget Local Cost	1,538,041	

PUBLIC HEALTH

Board Approved Changes to Base Budget

Salaries and Benefits	(555,182)	Primarily resulting from increased vacancy factor.
	(75,020)	GASB 34 Accounting Change - PHL staff support now budgeted in transfers.
	<u>(630,202)</u>	
Services and Supplies	(20,310)	GASB 34 Accounting Change (EHAP).
	(118,000)	Reduced computer and equipment expenditures that were needed for staffing expansion in 2002-03.
	(200,900)	GASB 34 Accounting Change - Rent now budgeted in transfers.
	18,295	Other minor miscellaneous increases.
	<u>(320,915)</u>	
Transfers	75,018	GASB 34 Accounting Change related to Public Health support staff.
	20,310	GASB 34 Accounting Change (EHAP).
	210,000	GASB 34 Accounting Change - Rent previously budgeted in services and supplies.
	<u>305,328</u>	
Total Appropriation	<u>(645,789)</u>	
Revenue		
Current Services	<u>6,600</u>	
State, Fed or Gov'd Aid	(653,199)	When targets are set, expenses changes are expected to be funded by increased state revenue. This entry backs out those assumptions and is replaced by the detail of what actually happened in the lines below.
	1,050	
	<u>(652,149)</u>	
Other Revenue	<u>(240)</u>	
Total Revenue	<u>(645,789)</u>	
Local Cost	<u>-</u>	